Agency Reference #: Circulated by: Project Tracking Number:

Step 1: Get Ready

Go to www.epermitting.org

Date Received: (local govt, or agency)

Step 3: Check Work

Use final review

UN DEZON

Step 4: Copy and Send In

See JARPA Contacts at



## Washington State JOINT AQUATIC RESOURCES PERMIT APPLICATION (JARPA) Form

Use internet "Help"

Step 2: Complete Form

Use black ink.



	for correct form and instructions.	Check correct permit boxes.	buttons to answer questions completely.	checklist at www.epermitting.org.	www.epermitting.org for correct mailing addresses.		
Fish Habitat Enhancement Projects per RCW 77.55.181. You must submit copy of completed JARPA form and Fish Habitat Enhancement JARPA Addition to your Local Government Planning Dep't and WA Dep't of Fish and Wildlife (WDFW) Area Habitat							
B	Biologist on same day. Note for Local Governments: You must submit comments to WDFW within 15 working days.  Based on instructions at <a href="https://www.epermitting.org">www.epermitting.org</a> , I am sending copies of this application to the following: (check all that apply)						
Base	d on instructions at www.epe	ermitting.org, i am	Sending copies of this	application to the following	J. ( <i>Check all that apply)</i> ☐Exemption ☐Revision		
LJLO	□Local Government for Shoreline: □Substantial Development □Conditional Use □Variance □Exemption □Revision □Floodplain Management □Critical Areas Ordinance						
Wall	Washington Department of Fish and Wildlife for Hydraulic Project Approval (Submit 2 copies to WDFW Region)  Washington Department of Ecology for 401 Water Quality Certification (to Regional Office-Federal Permit Unit)  Washington Department of Natural Resources for Aquatic Resources Use Authorization Notification  Corps of Engineers for: X Section 404 permit Section 10 permit  Coast Guard for: General Bridge Act Permit Private Aids to Navigation (for non-bridge projects)  For Department of Transportation projects only: This project will be designed to meet conditions of the most current Ecology/Department of Transportation Water Quality Implementing Agreement						
PROJE	CT TITLE:		nained Battle Ground	Community Hospital			
	le Ground Medical Emerge ECT DESCRIPTION:	ncy Center also	corred Battle Ground	Community Hospital			
120	000sf Medical Emergency	Treatment Cente	r Building		11 0 (0) 1 DI- 11 5- 10		
SE	CTION A - Use for all perm	its covered by the	his application.  Be su permit applicati	re to ALSO complete Se	ection C (Signature Block) for a	111	
	ADDUGANT		ретпік арріісац	ons.			
	. APPLICANT BGMEC LLC						
	MAILING ADDRESS						
	1220 SW Salmon Suite 7 WORK PHONE E-M	<b>'01 Portland, OR</b> IAIL ADDRESS	97501 HOME PH	IONE	FAX#		
						41.6	
If an a	gent is acting for the appli	cant during the p	permit process, compl all permit applica	ete #2.  Be sure agent si ations	igns Section C (Signature Bloc	:к) tor	
DOM:	2. AUTHORIZED AGENT		ин регинг аррнос				
Managan Z	MRM Consulting LLC						
	MAILING ADDRESS	407209 Battle G	MARRA WA				
	2210 W Main Street Suite WORK PHONE	E-MAIL ADDR		ME PHONE	FAX#		
	360-723-0589		ng@gmail.com				
help 3	3. Relationship of applicant to	property:	OWNER	PURCHASER  LE	SSEE		
help 2	1. Name, address and phone	number of prope	rty owner(s) if other tha	n applicant:			
DID (	5. Location (street address, in NE 15 <sup>th</sup> Avenue & NE 1 <sup>st</sup>	ncluding city, cour Street			or will occur)		
tol	Local government with juris	sdiction (city or co	unty) City of Battle C	Ground			
	Naterbody you are working i			Tributary of <sup>N/A</sup>	MRIA # N/A		
Is this waterbody on the 303(d) List  YES  NO							
	If YES, what parameter(s)?		help	Shoreline designation	N/A		
				Zoning designation	N/A		
1/4 Sect SW	ion Section Townshi 34 4N	P Range Go 2E	vernment Lot	DNR stream type if know	n N/A		
help	 _atitude and Longitude:	45 46'56.39N 1	22 33'05.27W Tax F	arcel Number	091050-123		

6. Describe (a) the current use of the property, (b) structures existing on the property, an existing environmental conditions. Have you completed any portion of the proposed activity on this property? YES NO For any portion of the proposed activity already completed on this property, indicate month and year of completion.  Property is currently a vacant field surrounded by development.
Is the property agricultural land?  YES X NO  Are you a USDA program participant?  YES NO
7a. Describe the proposed work that needs aquatic permits: Complete plans and specifications should be provided for <u>all</u> work waterward of the ordinary high water mark or line, including types of equipment to be used. If applying for a shoreline permit, describe <u>all</u> work within and beyond 200 feet of the ordinary high water mark. If you have provided attached materials to describe your project, you still must summarize the proposed work here. Attach a separate sheet if additional space is needed.  The project proposes to fill 3.4 acres of a 5 ac site of which 0.6 acres is uplands according to the USACE wetland boundary confirmation previously on the site. The project only proposes to fill 3.4 acres and use the 0.6 acres of upland to complete the project.
PREPARATION OF DRAWINGS: See sample drawings and guidance for completing the drawings. ONE SET OF ORIGINAL OR GOOD QUALITY REPRODUCIBLE DRAWINGS MUST BE ATTACHED. NOTE: Applicants are encouraged to submit photographs of the project site, but these DO NOT substitute for drawings. THE CORPS OF ENGINEERS AND COAST GUARD REQUIRE DRAWINGS ON 8-1/2 X 11 INCH SHEETS. LARGER DRAWINGS MAY BE REQUIRED BY OTHER AGENCIES.
7b. Describe the purpose of the proposed work and why you want or need to perform it at the site. Please explain any specific needs that have influenced the design.  The project proposed is a medical emergency center. There are no such facilities in the local region. The nearest facility is over 25 minutes to the southwest in Vancouver, WA.
7c. Describe the potential impacts to characteristic uses of the water body. These uses may include fish and aquatic life, water quality, water supply, recreation and aesthetics. Identify proposed actions to avoid, minimize, and mitigate detrimental impacts and provide proper protection of fish and aquatic life. Identify which guidance documents you have used. Attach a separate sheet if additional space is needed.
The project most likely will not impact any functions of this historically denuded agricultural field.  Historically the site was a cash crop field until 2001 when the site became surrounded by development entirely.
7d. For <u>in-water</u> construction work, will your project be in compliance with the State of Washington water quality standards for turbidity (WAC 173.201A-410)? X YES NO
8. Will the project be constructed in stages?
9. Check if any temporary or permanent structures will be placed:  Waterward of the ordinary high water mark or line for fresh or tidal waters AND/OR  Waterward of the mean higher high water for tidal waters?
10. Will fill material (rock, fill, bulkhead, or other material) be placed:  Waterward of the ordinary high water mark or line for fresh waters?  If YES, VOLUME (cubic yards) / AREA (acres)  Waterward of the mean higher high water for tidal waters?  If YES, VOLUME (cubic yards) / AREA (acres)

ње <b>р</b> '11.	Will material be placed in wetlands	X YES	□ NO	(			
help	A. Impacted area in acres: 3.4 acres						
THE PROPERTY OF THE PROPERTY O	B. Has a delineation been completed?	If YES, please submit wi	th application.	X YES	] NO		
help	C. Has a wetland report been prepared	? If YES, please submit	with application	X YES us	ace# 2004-4-0023	35	
	D. Type and composition of fill materia		eered crushed i				
	E. Material source: Local quarry						
help	F. List all soil series (type of soil) locate information can be obtained from the	ed at the project site, and e natural Resources Cons	indicate if they a servation Service	are on the county's lis e (NRCS). Dollar (upl	st of hydric soils. S and) & Cove (hydi	Soils ric)	
	G. WILL PROPOSED ACTIVITY CAUS If YES, IMPACTED AREA IS	ACRES OF DRAINE	D WETLANDS.		X NO		
NOTE: If your project will impact greater than 1/10 of an acre of wetland, submit a mitigation plan to the Corps and Ecology for approval along with the JARPA form.  NOTE: A 401 water quality certification may be required from Ecology in addition to an approved mitigation plan if your project wetland impacts are greater than 1/10 acre in size.  Please submit the JARPA form and mitigation plan to Ecology for 401 certification review.							
	Stormwater Compliance: This project stormwater manual, or an Ecology app	roved local stormwater m	nanual. 🗓 Y	ES NO		i i i i i i i i i i i i i i i i i i i	
	If YES - Which manual will your project	t be designed to meet? C	Current 2006 std	ls			
help	If NO – For Clean Water Act Section 4 application, documentation that demo standards, WAC 173.201(A)	01 and 404 permits only - nstrates the stormwater r	– Please submit unoff from your	t to Ecology for approv project or activity will	val, along with this comply with the w	JARPA ater quality	
<b>DUD</b> 13.	Will excavation or dredging be require	d in water or wetlands?	YES X	NO			
	If YES:						
	A. Volume: (cubic yar	·	(acre)				
	B. Composition of material to be remo						
	C. Disposal site for excavated materia	N;					
	D. Method of dredging:		. —				
	Has the State Environmental Policy Ad		d ∐ YES	X NO			
	SEPA Lead Agency: City of Battle Gr SEPA Decision: DNS, MDNS, EIS, Ado		Decis	ion Date (end of com	ment period)		
	SUBMIT A COPY OF YOUR SEPA DE			•		N	
						i	
<b>15.</b>	15. List other Applications, approvals or certifications from other federal, state or local agencies for any structures, construction discharges or other activities described in the application (i.e. preliminary plat approval, health district approval, building permit, SEPA review, federal energy regulatory commission license (FERC), Forest practices application, etc.). Also, indicate whether work has been completed and indicate all existing work on drawings. NOTE: For use with Corps Nationwide Permits, identify whether your project has or will need an NPDES permit for discharging wastewater and/or stormwater.						
	TYPE OF APPROVAL	ISSUING AGENCY	IDENTIFICATION NO.	DATE OF APPLICATION	DATE APPROVED	COMPLETED?	
***************************************							
help 16.	Has any agency denied approval for the herein?  YES X NO  If YES, explain:	ne activity you're applying	for or for any a	ctivity directly related	to the activity des	cribed	

SECTION B - Use for Sho	reline and Corps of Engineers permits <u>only:</u>	
17a. Total cost of project. This 1,350,000	means the fair market value of the project, including materials, labor, machin	ne rentals, etc.
17b. If a project or any portion of Please indicate if you will re EDERAL FUNDING ☐ YES	of a project receives funding from a federal agency, that agency is responsib eceive federal funds and what federal agency is providing those funds.  X  NO If YES, please list the federal agency.	le for ESA consultation.
18. Local government with jurisc	diction: City of Battle Ground	
	and telephone numbers of adjoining property owners, lessees, etc. <i>Please</i> nay require additional notice – consult your local government.	note: Shoreline
NAME	ADDRESS	PHONE NUMBER
Fred Meyers Stores	3336 E 32ND ST #217 TULSA OK, 074135	
P J & Melinda Harder	2846 NW LACAMAS DR CAMAS WA, 098607	
Christian Evangelists	1504 W MAIN ST, BATTLE GROUND, 98604	
Frontier Equities	16 NW 13TH AVE BATTLE GROUND WA, 098604	
Wells Fargo	PO BOX 4900 SCOTTSDALE AZ, 085261	
Office Development LLC	5313 NW BARLOW ST CAMAS WA, 098607	
Riverview Savings	PO BOX 872290 VANCOUVER WA, 098687	

SECTION C - This section MUST be con	ed for any permit covered by this applicat		
information contained in this application and accurate. I further certify that I possible which this application is made, the rig	nit or permits to authorize the activities described on, and that to the best of my knowledge and be ossess the authority to undertake the proposed all to enter the above-described location to inspeer all necessary permits have been received.	lief, such informat activities. I hereby	tion is true, complete,  y grant to the agencies to
			DATE
SIGNATURE OF APPLICANT		-	
			DATE
SIGNATURE OF AUTHORIZED AGENT	1		
I HEREBY DESIGNATE_ PERMIT(S). I UNDERSTAND THAT IF A FEI	TO ACT AS MY AGENT IN MATTERS REDERAL PERMIT IS ISSUED, I MUST SIGN THE		APPLICATION FOR
SIGNATURE OF APPLICANT		DATE	
		and the second s	
SIGNATURE OF LANDOWNER (EXCEPT PL	UBLIC ENTITY LANDOWNERS, E.G. DNR)		
THIS APPLICATION MUST BE SIGNED BY	THE APPLICANT AND THE AGENT IF AN AL	ITHORIZED AGE	NT IS DESIGNATED

18 U.S.C §1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly falsifies, conceals, or covers up by any trick, scheme, or device a material fact or makes any false, fictitious, or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.

## COMPLETED BY LOCAL OFFICIAL

- A. Nature of the existing shoreline. (Describe type of shoreline, such as marine, stream, lake, lagoon, marsh, bog, swamp, flood plain, floodway, delta; type of beach, such as accretion, erosion, high bank, low bank, or dike; material such as sand, gravel, mud, clay, rock, riprap; and extent and type of bulkheading, if any)
- B. In the event that any of the proposed buildings or structures will exceed a height of thirty-five feet above the average grade level, indicate the approximate location of and number of residential units, existing and potential, that will have an obstructed view:
- C. If the application involves a conditional use or variance, set forth in full that portion of the master program which provides that the proposed use may be a conditional use, or, in the case of a variance, from which the variance is being sought:

These Agencies are Equal Opportunity and Affirmative Action employers.

For special accommodation needs, please contact the appropriate agency in the instructions